

**Danvers Police Department**  
**Citizen Complaint of Employee Misconduct Form**

Name Aggrieved Person: \_\_\_\_\_  
 (If Aggrieved Person is Complainant, information not mandatory)

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee(s) Complained About:

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ ID# \_\_\_\_\_

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ ID# \_\_\_\_\_

Nature of Complaint: (Describe in your own words everything you consider necessary for the matter to be completely investigated. Use another sheet if necessary.)

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Names, Addresses, Phone of Any Witnesses:

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I understand that I will be informed of the result of the investigation and the disposition of my complaint within thirty (30) days.  I am ....  am not . . . willing to testify at any Internal or Criminal Hearing on this matter. To the best of my knowledge, the above statement is a true and accurate account.

Signature: \_\_\_\_\_  
 (Aggrieved Party or Complainant, if desired)

Signature: \_\_\_\_\_  
 (Shift Commander or Superior Officer)

Date/Time Received: \_\_\_\_\_



**DISPOSITION**

Complaint Resolved: \_\_\_\_\_

Complaint Needs Additional Follow-Up: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**Division Commander Review:** \_\_\_\_\_ Date of Review: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

Division Commander Signature: \_\_\_\_\_

**Operations Division Commander Review:** \_\_\_\_\_ Date of Review: \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_

**Operations Division Commander** Signature: \_\_\_\_\_

**Chief of Police Review:** \_\_\_\_\_ Date of Review: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_

Chief's Signature: \_\_\_\_\_

**DANVERS POLICE DEPARTMENT**

**INTERNAL AFFAIRS INVESTIGATION**

**CLASSIFICATION NOTIFICATION**

Date: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Alleged Incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

An Internal Affairs Investigation has been completed with regards to the allegations listed above. Based on a thorough review of all evidence presented to me relative to this matter, the investigation has been classified as:

**Sustained:** \_\_\_\_\_

**Not Sustained:** \_\_\_\_\_

**Unfounded:** \_\_\_\_\_

**Exonerated:** \_\_\_\_\_

All reports concerning this investigation will be destroyed, and nothing will be recorded in your Personnel File.

\_\_\_\_\_  
 Neil F. Ouellette  
 Chief of Police

**DANVERS POLICE DEPARTMENT**

**NOTIFICATION OF CHARGES/ALLEGATIONS**

Date: \_\_\_\_\_ Complaint Register # \_\_\_\_\_

Name of Accused Employee: \_\_\_\_\_

Rank: \_\_\_\_\_ ID Number: \_\_\_\_\_

Department **Policy and Procedure #PP49.0** (Internal Affairs) provides that whenever an employee is under investigation by the Department for any reason which could lead to disciplinary action, demotion, dismissal, or criminal action, he/she shall be informed in writing of the nature of the complaint prior to any interrogation, and prior to any Administrative or Criminal Hearing.

Accordingly, you are hereby notified and advised that the following illegal or improper acts have been attributed to you:

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You will be notified in accordance with procedures outlined in **Mass. General Laws, Chapter 31, Section 41**, with regards to any disciplinary action which may occur as the result of an investigation. You will also be notified in accordance with Department **Policy and Procedure #PP49.0, Sub-Section 49.2.2.7**, if this investigation results in your being cleared of these allegations.

Signed,

\_\_\_\_\_  
Operations Division Commander

Notification Received and Acknowledged:

Signature of Employee:

Date:

**DANVERS POLICE DEPARTMENT**

**ADMINISTRATIVE PROCEEDING RIGHTS**

Name of Accused Employee: \_\_\_\_\_

Employee ID#: \_\_\_\_\_ Complaint Register #: \_\_\_\_\_

You are hereby notified that investigation into the charges made against you, of which you were notified on \_\_\_\_\_, have been sustained. As a result an Administrative Hearing will be held before the Town Manager to determine guilt or innocence, and possible disciplinary action.

In accordance with stipulations of **Sub-Section 49.2.2.3 of Department Policy and Procedure #PP49.0**, you are further hereby notified of your Administrative Rights as they pertain to this Hearing:

1. Any admissions made during this Hearing may be used as the basis for charges seeking your removal, discharge, or suspension from the Department.
2. You have the right to have Counsel of your choosing present with you at this Hearing to consult with as you desire.
3. You have the right to have a reasonable amount of time to obtain Counsel prior to the Hearing.
4. You have no right to remain silent. You have an obligation to truthfully answer questions put to you. You are advised that your statements constitute an official Police Report.
5. If you persist in refusing to answer questions it may serve as a basis for removal, discharge, or suspension.
6. Any admissions or statements made by you during the course of this Hearing can not be used against you in any subsequent criminal proceeding that may be brought against you.

Signed,

\_\_\_\_\_  
Operations Division Commander

Notification of Rights Received and Acknowledged:

\_\_\_\_\_  
(Signature of Employee) Date: \_\_\_\_\_

**DANVERS POLICE DEPARTMENT**  
**INTERNAL AFFAIRS CRIMINAL RIGHTS FORM**

(To be used by investigating officer prior to questioning or interrogating any employee accused of committing an act which could result in criminal charges.)

Name of Employee: \_\_\_\_\_ ID#: \_\_\_\_\_

Complaint Register No: \_\_\_\_\_ Date/Time: \_\_\_\_\_

The following shall be read to the Employee:

1. You have the right to remain silent;
2. Anything you say can and will be used against you in a Court of Law;
3. You have the right to talk to a lawyer for advice before answering any questions, and have the right to have one with you during questioning;
4. If you can not afford a lawyer, one will be appointed for you if you wish;
5. If you decide to answer question now without a lawyer present, you will still have the right to stop the questioning at any time until you have a lawyer.
6. You will be asked to sign this form in order to acknowledge receipt of your rights. It is not mandatory to do so. A copy of this form will also be given to you.

Signature of Accused Employee: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Signature of Investigating Officer: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Witness Signature(s): \_\_\_\_\_

\_\_\_\_\_

DANVERS POLICE DEPARTMENT

WAIVER BY DEAF OR HEARING IMPAIRED PERSON  
OF RIGHT TO OBTAIN SERVICES OF

QUALIFIED INTERPRETER

I, (full name) , of (no. & street)

, (city/town) (state) , being legally  
deaf or hearing impaired, do hereby relinquish my rights under MGL S221-S92A to

have a qualified interpreter assist me during questioning by the Danvers Police  
Department. By doing so I am asserting that I fully comprehend all of the  
proceedings, including my Miranda Rights, and that I have not been coerced  
by any officer or other employee of the Department. I am also asserting that  
there are no significant communications problems between myself and those who  
are involved in these proceedings.

SIGNED:

DATE:

TIME:

WITNESS:

WITNESS: